

A/Reissue

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# REISSUE PATENT APPLICATION TRANSMITTAL

11/28/01

1130 U.S. PTO

Address to:  
**Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231**

Attorney Docket No.	1004-75
First Named Inventor	Kuriakose
Original Patent Number	6,073,478
Original Patent Issue Date (Month/Day/Year)	06/13/2000
Express Mail Label No.	

**APPLICATION FOR REISSUE OF:** ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**  
(Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☒ Power of Attorney
- Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☒ Written Consent of all Assignees (PTO/SB/53)
  - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ☐ paper
  - ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- ☒ Original U.S. Patent for surrender
  - ☒ Ribbioned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: \_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Robert A. Wilkes	Registration No. (Attorney/Agent)	19333
Signature		Date	11/27/2001

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
1004-75

## Claims as Filed - Part 1

Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
			Rate	Fee	Rate	Fee	
(A) 13	Total Claims (37 CFR 1.16(j))	(B) 13	****0	=	x \$ _____ =	or	x \$ _____ =
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0	=	x \$ _____ =		x \$ _____ =
Basic Fee (37 CFR 1.16(h))					\$ 740.00		\$ _____
Total Filing Fee					\$ 740.00	OR	\$ _____

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 22	MINUS ** 20	* 2	x \$ 18 =	36.00		x \$ _____ =
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS **** 3	0	x \$ 0 =			x \$ _____ =
Total Additional Fee					\$ 36.00	OR	\$ _____

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.


\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 16-0600.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 776.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

11/27/2001

Date

  
 Signature of Applicant, Attorney or Agent of Record  
 Robert A. Wilkes - Reg. 28170

Typed or printed name